ani d - perioj inanomilial Mail Stop ISSUE FEE omplete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by the citizing a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of SEP 0 6 2005 23373 06/08/2005 7590 SUGHRUE MION, PLLC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United 2100 PENNSYLVANIA AVENUE, N.W. States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **SUITE 800** WASHINGTON, DC 20037 09/08/2005 MBEYENE2 00000108 09786553 (Depositor's name (Signature 1400.00 OP 01 FC:1501 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/786,553 03/07/2001 Cedric Lapaille O63090 3727 TITLE OF INVENTION: METHOD FOR ESTIMATING SIGNAL TO NOISE RATION IN A TELECOMMUNICATION RECEIVER AND APPLICATION OF SAID METHOD FOR CONTROLLING A TRANSMITTER APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE 09/08/2005 NO \$1400 \$0 \$1400 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS PERILLA, JASON M 2634 375-346000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form SUGHRUE MION, PLLC PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PARIS, FRANCE ALCATEL Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):

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41, 157 Registration No.

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